



FREEDOM OF INFORMATION ACT REQUEST FORM

Unless otherwise indicated, you must provide the following information for your request to be processed.

Date: _____ Name: _____ Organization: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I'm requesting: specific documents file review

Identify the records as clearly and specifically as possible. Please provide information that would be helpful in identifying and locating the requested records, such as document title, subject, publication date(s), office/bureau, docket number(s), and any other identifying information.

Do you intend to use this information for commercial solicitation purposes? Yes No

How do you prefer to receive the information? Email US Postal Mail

Please specify the maximum search fee the person making this request is prepared to pay: \$ _____

Please submit your request to: SC Department of Consumer Affairs | c/o Public Information Division
| scdca@scconsumer.gov | (f) (803) 734-4060